Name in Full

Certificate of Death

John Adkins

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Jany Day 3 Age Y. 74 M. D. Native of Maryland Occupation Laborer

Male White Married ~~Widow~~ ~~Married~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of Mrs Adkins

Father's Name

Mother's Name

Cause of Death

Primary Enlarged Prostate Gland

Immediate Septic Fever 104

How long sick 2 or 3 years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. M. Slemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

M. O. Adkins

Died — Town: Near Salisbury — County: Wicomico — MARYLAND

Date 189 9 — Month: Jany — Day: 27 — Age: Y. 30 M. D. — Native of: Maryland — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name: Staunton Adkins — Mother's Name: Dont Know

Cause of Death — Primary: Epilepsy 47 — How long sick: Several years

Immediate: Dont Known, died suddenly — ~~Accident, Suicide, Homicide~~

Reported by: F. M. Clemons M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full — Certificate of Death

Harry Banks

Town — County

Died at Near Salisbury — Wicomico — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	1	Age 8	—		Wicomico	None

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: Isaac Banks

Mother's Name: Leora Banks

Cause of Death — Primary: Inflammation of Rheumatism — How long sick: 10 Days

Immediate: Heart complications — 26 — ~~Accident, Suicide, Homicide~~

Reported by: Louis W. Morris M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Town

County Brewington.

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 1	1	22	Age		Salisbury	

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ Single Widower Number ~~of~~ children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

42

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6506B

Name in Full

Certificate of Death

Charles H. Brockhead

Town

County

Died at Hebron Wicomico MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	Jan.	11	Age	73,	3,	5	Maryland	Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name John Brockhead

Mother's Name Amelia Brockhead

Cause of Death — Primary Pneumonia 72 How long sick one week

Immediate —

~~Accident, Suicide, Homicide~~

Reported by Louis Williams M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Isaac Crouch

Town: Shad Point — County: Wicomico — MARYLAND

Died at

Date 1899 — Month: Jan — Day: 14 — Age: Y. 79 M. D. — Native of — Occupation: Ship Carpenter

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ — Number of children living: four

Husband / ~~Wife~~ of: Frances Crouch

Father's Name: Isaac Crouch — Mother's Name: Polly Crouch

Cause of Death — Primary: Don't know — How long sick: 16 1

Immediate: He had a sore leg — Accident, Suicide, Homicide

Reported by: Geo. E. Hill — Undertaker

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66966

Name in Full: Alberta Denson

Certificate of Death

Died at Town: Collins' Wharf County: Nicomico MARYLAND

Date 1894 Month: 1 Day: 21st Age Y. 22 M. D. Native of: Nicomico Occupation: No occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name: Isaac J. Denson Mother's Name: Mrs. I. J. Denson

Cause of Death: Primary: Tuberculosis 22a How long sick: 2 years

Immediate: Syncope ~~Accident, Suicide, Homicide~~

Reported by: J. M. Dick.

Address: Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full Geo. R. Evans

Certificate of Death

Died at Town Easterville County Worcester MARYLAND

Date 189 9 Month 1 Day 11 | Age Y. 78 M. D. | Native of | Occupation

~~Male~~ / ~~Female~~ | White / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of
Wife

Father's Name

Mother's Name 1429

Cause of Death — Primary: Drinking aconite

Immediate:

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Worcester Co. Hosp 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70118

Name in Full

Certificate of Death

Clarence Welden Fooks

Died at Town: Salisbury County: Wicomico Co. MARYLAND

Date 189 9 Month: Jan. Day: 6 | Age Y. 5 M. 3 D. - | Native of Wicomico Co. | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~ none

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Asbury Fooks | Mother's Name Olivia Ellen Fooks

Cause of Death: Primary Don't know 2da | How long sick 2 or 3 years

Immediate supposed to be consumption ~~Accident, Suicide, Homicide~~

Reported by Geo. E. Hill Undertaker

Address Salisbury Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79708

Attended by Dr. No Physician

of

Seen by Coroner No Inquest

of

Information contained in this certificate received from Asbury Hooks

of Salisbury Md.

Name in Full Rachel Hitch

Certificate of Death

Died at Town Spring Hill County Wicomico MARYLAND

Date 1899 Month 11 Day 14 Age Y. 804 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico News 1-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Hudson

Died at Town: near Salisbury County: Wicomico MARYLAND

Date 189 4 Month: Jan. Day: 11 | Age Y. 2 M. D. | Native of: Wicomico | Occupation: none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: not Known

Mother's Name: Maggie Hudson

Cause of Death: Primary: Dont know

Immediate: Dont know 161

How long sick: dont know

~~Accident, Suicide, Homicide~~

Reported by: George W. Hill Undertaker

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

I did not bury the Baby
a colored Man come to my place
for it, paid for it, and took it
away with him.

Geo. C. Hill

Name In Full

Certificate of Death

Joshua Humphreys

Town • County •

Died at near Salisbury Wicomico MARYLAND

Date 199 Month Jan. Day 10 | Age Y. 64 M. D. | Native of Wicomico | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Archelaus Humphreys | Mother's Name Peggy Humphreys

Cause of Death: Primary Intestinal Colic + Suppression of urine | How long sick 48 hours

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Louis W Morris - Mrd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

George Hyland

Town: near Salisbury County: Wicomico

Died at near Salisbury Wicomico MARYLAND

Dato 189 9 | Month: Jan. | Day: 6 | Age: Y. 60 M. 3 D. 20 | Native of: Wicomico Co Md. | Occupation: Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: Five

Husband ~~Wife~~ of Charlotte Hyland

Father's Name: Moses Hyland

Mother's Name: Betsy Hyland

Cause of Death:

Primary: Dont know 22d — How long sick

Immediate: supposed to be Consumption — ~~Accident, Suicide, Homicide~~

Reported by Geo. E. Hill Undertaker

Address Salisbury Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Attended by Dr. No Physician

of

Information contained in this certificate re-

ceived from John Hearn Cold.

of Near Salisbury

Name in Full Sallie M. Jackson

Certificate of Death

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1899 Month Jan Day 8 | Age Y. 31 M. 2 D. 22 | Native of Md. | Occupation Wife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Wm P. Jackson

Father's Name Wm P. McCombs

Mother's Name Mariah C. McCombs

Cause of Death: Primary Phthisis 22a

Immediate Phthisis

How long sick 2 years

~~Accident, Suicide, Homicide~~

Reported by Geo. W. Todd

Address Salisbury Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6956

Name in Full

Certificate of Death

Ralph Johnson

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Jan. Day: 4 | Age Y.: 1 M.: 3 D.: | Native of: Salisbury | Occupation: none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: John W. Johnson | Mother's Name: Lydia Ann Johnson

Cause of Death: Primary: dont know 161 | How long sick

Immediate: dont know | Accident, Suicide, Homicide

Reported by: Geo. E. Hill Undertaker

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

The undertaker was Geo. E. Hill
of Salisbury Md.

Seen by Coroner No Inquest
of No Doctor

Information contained in this certificate re-
ceived from John W. Johnson
of Salisbury Md.

Name in Full: Louis Jones

Certificate of Death

Died at Town: West Salisbury County: Wicomico MARYLAND

Date 1899 Month: Jan. Day: 10 Age Y. M. D.: 2 years Native of: Wicomico Occupation:

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Robert Jones

Mother's Name: Laura Jones

Cause of Death: Primary: Pneumonia 72

Immediate: Heart failure

How long sick: 2 weeks

~~Accident, Suicide, Homicide~~

Reported by: Louis W. Morris M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Mrs Ellenora McGrath

Died at Town: near Fruitland County: Wicomico MARYLAND

Date 1899 Month Day: Jan. 12 Age Y. M. D.: 65 Native of: Wicomico Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ ~~Widow~~ of Josiah McGrath

Father's Name John Robinson Mother's Name Diadema Robinson

Cause of Death: Primary Peritonitis

Immediate Collapse

93

How long sick 2 or 3 days

~~Accident, Suicide, Homicide~~

Reported by Louis Wilcox's M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

William H. Mathews

Certificate of Death

Town

County

Died at Wicomico MARYLAND

Date 1899 Month Jan Day 15 | Age Y. 66 M. 10 D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 6

Husband of
Wife

Father's Name Not Known

Mother's Name Miss Mary Mathews

Cause of Death { Primary 42 | How long sick

Immediate Hemorrhage Brain | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Rob. F. Morris per Gen. H. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full Guy Messick

Certificate of Death

Town County

Died at Tyaskin Wicomico MARYLAND

Date 189 9 Month 1 Day 19 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Wicomico News

Address 1-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Rev. E. A. Nelson,
Tyaskin M. E. Ch.

Name in Full

Certificate of Death

Morris E. Mills

Died at Town: Hebron County: Wicomico MARYLAND

Date 1899 Month: Jan Day: 16 | Age Y. 29 M. ? D. | Native of Md. | Occupation Miller

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Geo. D. Mills

Mother's Name Lana Ellis

Cause of Death: Primary Phthisis 22a | How long sick. 2 yrs

Immediate

~~Accident, Suicide, Homicide~~

Reported by Wm J. "Rathbury + Geo. H. Todd

Address Hebron Md / Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name In Full Naaman Moore

Certificate of Death

Died at Town Capitola County Wicomico MARYLAND

Date 1899 Month 1 Day 14 Age Y. 22 M. D.

Native of

Occupation

Male ~~Female~~ White Colorad ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo. Moore

Mother's Name

Cause of Death Primary Typhoid fever 1

Immediate Pneumonia

How long sick

Accidant, Suicide, Homicida

Reported by Wicomico News 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or minister.

LIBRARY BUREAU, 79808

Trinity M. E. Church, Capitola.
Rev. Nelson

Name in Full Geo. Phillips

Certificate of Death

Died at Town Quantico County Somerset MARYLAND

Date 1899 Month 1 Day 24 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Wounds from an assault. | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advocate 1-28. 15-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Dr. Dashiell, Curator.

Dr. J. McFadden Dicks made a post

mortem examination.

Name In Full Ellen Pollitt

Certificate of Death

Died at Town Quantico District County Wicomico Co. MARYLAND

Date 1899 Month Jan Day 9 | Age Y. 69 M. D. | Native of Wicomico Co. | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife single

Father's Name Mother's Name

Cause of Death Primary How long sick 2 months

Immediate dropsy OVER Accident, Suicide, Homicide

Reported by 1559 OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Dashiell
of Quantico Md.

Information contained in this certificate received from L. H. Cooper
of Mardela Springs Md.

Name in Full | Certificate of Death

Samuel Shiles

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: June Day: 2 | Age Y. M. D.: 65 about | Native of: Wicomico Co | Occupation: laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: None

Husband / Wife of: Amelia Shiles

Father's Name: Don't Know | Mother's Name: Don't Know

Cause of Death: Primary: Pneumonia 72 | How long sick: 10 days

Immediate: Heart failure fr Toxaemia | ~~Accident, Suicide, Homicide~~

Reported by: Louis W. Morris M.D.

Address: Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

—— Simmons

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Jan. ~~17~~ Day: 16 Age Y. 1 M. —— D. Native of: Wicomico Occupation: ——

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: James Simmons 71 Mother's Name: Mrs. James Simmons

Cause of Death: Primary: Catarrh, Bronchial — How long sick: 2 or 3 weeks

Immediate: Lung & heart complications — Accident, Suicide, Homicide

Reported by: Louis W. Morris M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full

Certificate of Death

John Smith

Died at Town Hebron County Wicomico MARYLAND

Date 1899 Month Jan Day 24 Age Y. 40 M. D. Native of dont know Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Two

Husband of Wife Hester T. Smith

Father's Name Dont know Mother's Name Dont know

Cause of Death Primary Dont know 22a How long sick

Immediate supposed to be Consumption ~~Accident, Suicide, Homicide~~

Reported by Geo. C. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Wm H. Taylor

Certificate of Death

Died at Town: Near Fruitland County: Wicomico MARYLAND

Date 1899 Month: Jan Day: 28 Age Y. 15 M. D. Native of: Delaware Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Esther E. Christopher

Father's Name Solomon Taylor Mother's Name Don't know

Cause of Death: Primary La Grippe + Dysentery How long sick 3 weeks

Immediate Dysentery 9 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Louisa V. Higbee and Geo. W. Todd

Address Siloam Wicomico Co Md Geo. W. Todd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Blanche Belle Watson,

Town | County

Died at Near Pittsville | Wicomico | MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 January 8th | Age 8 mos. 18 days | Maine Co. | Md

~~Male~~ | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | Number ~~of children~~ living

~~Husband~~ of ~~Wife~~

Father's Name: John Watson

Mother's Name: Sallie Watson.

Cause of Death — Primary: Catarrh - Croup — How long sick: 3 days

Immediate: Inflamation of Lungs

Accident, Suicide, Homicide

Reported by G. H. Truitt

Address Pittsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full | Certificate of Death

Levin H. Wilson.

Town | County

Died at Mardela Springs Wicomico Co. MARYLAND

Date 189 9	Month Jan	Day 26	Age Y. 81 M. D.	Native of Wicomico Co	Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living 6

Husband / Wife of Married

Father's Name | Mother's Name

Cause of Death: Primary 57 | How long sick

Immediate Heart Disease. | Accident, Suicide, Homicide

OVER

Reported by

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Louis H. Wilson

of Mardela Springs Md

Information contained in this certificate was

ceived from A. H. Cooper

of Mardela Springs Md.